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Dated: November 4, 2003 Signature: qim

(Elena M. Maglito)

Docket No.: HO-P02540US0
(PATENT)

#13/B

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
R. K. Webb, et al.

Application No.: 09/772,539

Art Unit: 3739

Filed: January 29, 2001

Examiner: A. Farah

For: OCULAR FIXATION AND STABILIZATION
DEVICE FOR OPHTHALMIC SURGICAL
APPLICATIONS

RESPONSE TO OFFICE ACTION DATED 10-3-2003

MS Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

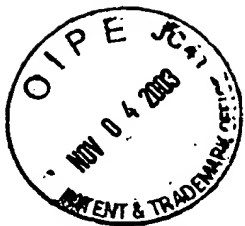
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INTRODUCTORY COMMENTS

In response to the Office Action dated October 28, 2003 (Paper No. 12), please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.



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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/772,539
	Filing Date	January 29, 2001
	First Named Inventor	R. K. Webb
	Art Unit	3739
	Examiner Name	A. Farah
Total Number of Pages in This Submission	Attorney Docket Number	HO-P02540US0

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FULBRIGHT & JAWORSKI L.L.P. Edward D. Steakley
Signature	
Date	November 4, 2003

Transmittal	
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